
Iowa Child
Development
Coordinating Council
*State Funded Shared
Visions Programs*



*Annual Report
to the Governor*

July 1, 2003-June 30, 2004

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Visions Programs*



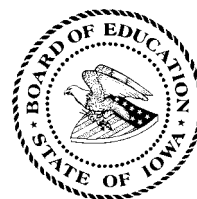
*Annual Report
to the Governor*

Report may be accessed electronically at:

<http://www.state.ia.us/educate/ecese/is/cdcc/documents.html>

July 1, 2003-June 30, 2004

State of Iowa
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146



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Letter to the Governor

January 12, 2004

The Honorable Thomas Vilsack
Governor of Iowa
Iowa State Capitol
Des Moines, IA 50319

Dear Governor Vilsack:

On behalf of the Child Development Coordinating Council, I am pleased to present the annual report for June 30, 2003 to July 1, 2004. As you know, the Council advises the Department of Education regarding the implementation of the Shared Visions programs and the need for investment in child development services. This report summarizes the work of the Council and highlights future activities.

During the past year the Council chose to focus its efforts on improvement of the state system and local programs. Primary areas of emphasis were:

- Increasing the representation of Council members;
- Improving the quality of Shared Visions Preschool Programs;
- Improving the data gathered from the Year End Report.

As you will note, the annual report includes further data regarding the implementation of the Shared Visions programs. Specific information has been provided by Penny Milburn, Shared Visions State Coordinator, for the two state funded early childhood programs: 1) Shared Visions Parent Support programs for children birth to 3-years-old and their families and 2) Shared Visions preschool programs for children 3-to 5 years-old.

We are most proud to present this report of quality early childhood experiences for Iowa's children. Thank you for your support to ensure our youngest children begin their development with quality care and education from our state system.

Sincerely,

LauraBelle Sherman-Proehl, Ph.D., Council Chair
Child Development Coordinating Council
Department of Education
Bureau of Children, Family and Community Services
515-242-6018
laurbelle.sherman-proehl@iowa.gov

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Council Members

Area Education Agencies, Early Childhood Network*

Mary Groen

Department of Public Health*

Sally Clausen

University of Iowa, Department of Pediatrics*

Barbara Wilkerson

Department of Education*

Dr. LauraBelle Sherman-Proehl

Department of Human Services*

Julie Ingersoll

Iowa Head Start Association*

Kim Young-Kent

Head Start Parent*

Colleen Dunn

ISU/Family & Consumer Sciences*

Dr. Carla Peterson

Child Care Resource and Referral

Cathy Wheatcraft

UNI/Regents' Center*

Dr. Betty Zan

Early Childhood Special Education Leadership Network

Anna Schmadeke

Department of Human Services*

Jody Caswell

Department of Education

Penny Milburn

Department of Education

Tom Rendon

*Voting Council Member

Part I

Child Development Coordinating Council:

Annual Report



Overview

The Iowa Child Development Coordinating Council (CDCC) presents this report in fulfilling the requirement to annually submit recommendations to the governor and the general assembly on the need for investment in child development services.¹

CDCC conducts meetings on the third Wednesday each alternating month of January, March, May, July, September, and November in Des Moines. Council meetings are open to the public.

CDCC advises and assists the Department of Education regarding the administration and implementation of state funded at risk programs for children ages birth to five. CDCC believes:

- High quality early childhood programs help children become successful adults.
- Provision of high quality early childhood programs can result in:
 - fewer children requiring special education services;
 - more students graduating from high school;
 - more students attending college or job training;
 - more youth/young adults becoming employed;
 - more employees experiencing satisfaction with work;
 - fewer persons arrested for criminal acts, violence, and minor offenses;
 - fewer teenagers giving birth; and
 - fewer persons receiving public assistance.
- Children are best served in a developmentally appropriate program.
- Comprehensive quality programs provide services to assist families toward self-sufficiency and productivity.

The mission of CDCC is to advocate for Iowa's children and families and support model comprehensive child development and parent support programs for at-risk children and their families. CDCC ensures the development, delivery, and promotion of quality, family-centered comprehensive early childhood services through:

Meetings

Purpose

Mission

¹ IAC 256A, IAC 279.51, and IAC 281

² IAC 256A

- established minimum guidelines for comprehensive early child development services for at-risk 3- and 4-year-old children;
- the establishment of parent support programs to enhance the skills of parents in providing for the learning and development of their children;
- cost-effective child development services for at-risk 3- and 4-year-old children;
- comprehensive services such as child care, transportation, family support and education, developmental screening, and referral to health professionals; and
- equity of access to these services for all Iowa's children and their families.

Activities

CDCC focused on these areas this past year:

- Assisted in the development and distribution of the Annual Report to the Governor (June 30, 2002-July 1, 2003) by conducting discussions with constituents.
- Recommended changes to CDCC Renewal Application and Year End Report.
- Reviewed policy initiatives related to comprehensive child development services. The Council reviewed such initiatives as Good Start Grow Smart, National Association for the Education of Young Children (NAEYC) Program Standards, and Early Childhood Iowa (ECI).
- Conducted an extensive study of NAEYC Draft Program Standards and Accreditation Performance Criteria to provide comment to NAEYC and determine the implications for Shared Visions pre-school programs.
- Supported activities to improve the quality of the Shared Visions programs such as Building Blocks for Early Literacy Conference, Improving Quality in Shared Visions Preschools through the ECERS-R, Preschool Administrators meeting, and Parent Support Administrators meeting.

- Endorsed the vision and goals developed by the Core Stakeholders of the Iowa (ECI) Early Care, Health and Education System.

As a result of the Council's activities, CDCC plans for 2004–2005 include:

Council Future Plans

- Evaluate program quality and child outcomes for Shared Visions preschool children;
- Conduct an extensive study of the Shared Visions Parent Support rules.
- Improve the quality of Shared Visions preschool programs by providing continued technical assistance for accreditation awarded by the NAEYC.
- Maintain and promote high quality services in the current climate of reduced budgets by expanding local and state partnerships.
- Evaluate the Shared Visions Parent Support Programs.
- Advocate for increased funding and support expanded partnerships.
- Revise the rules for Shared Visions preschool programs to incorporate quality standards and NAEYC accreditation reinvention.

Part II

Shared Visions:

Parent Support Grants

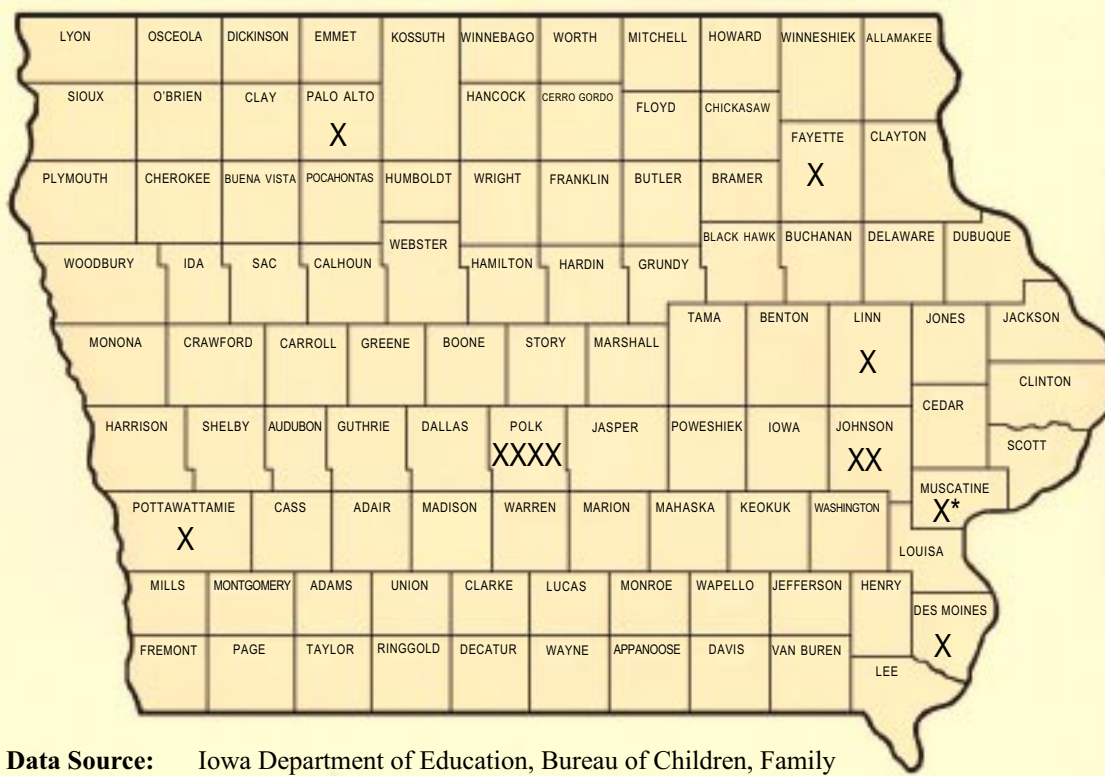


Iowa Shared Visions Parent Support Programs were established in Iowa Code in 1987 and include:

Overview

- Family support programs serving high-risk children in approximately 15 Iowa counties (for families with incomes below 130 percent of the poverty level). Figure 1 shows the location of the parent support programs since funding in 1991;
- Individual and/or group opportunities for families to obtain information focusing on: parenting skills, child growth and development, building of self-concept, nutrition, positive guidance techniques, family resource management, and parent literacy, and accessing the array of supportive services from a network of agencies that are available to families;
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, childcare, and school districts; and

Figure 1. Shared Visions Parent Support Programs for 2003–2004.

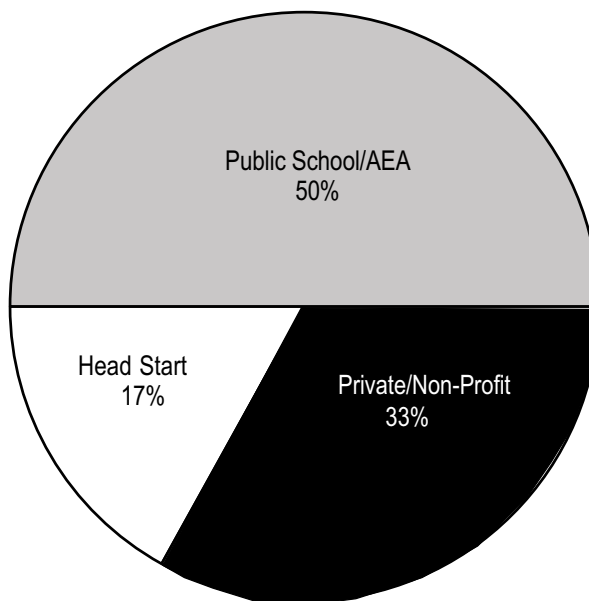


Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2003-2004.

Note: Some grantees provide services to multiple counties while others provide services to a town or local school district as noted by the asterisk for Muscatine school district.

- Twelve grantees located in area education agencies, public schools, Head Start and private non-profit agencies (see Figure 2, Parent Support Grantees 2003-2004).

Figure 2. Parent Support Grantees, 2003-2004.



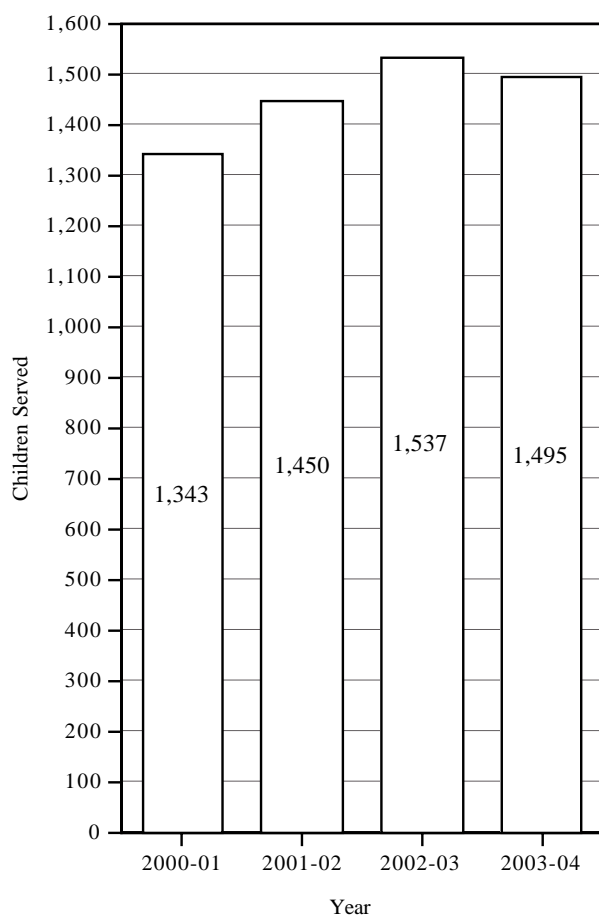
Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2003-2004.

In 2003-2004 state funds purchased:

- Twelve Parent Support Programs serving 1,500 families with children birth to 5 years of age. Figure 3 represents the total number of children served, birth through age three, who were within the families served in the Shared Visions Parent Support Programs. Approximately one-half of the children qualify for Shared Visions based on poverty with the remaining children qualifying based on other at-risk factors.
- A 2.25 percent across the board budget cut reduced funds to \$728,972. In 2002-2003 state legislators appropriated \$745,750.

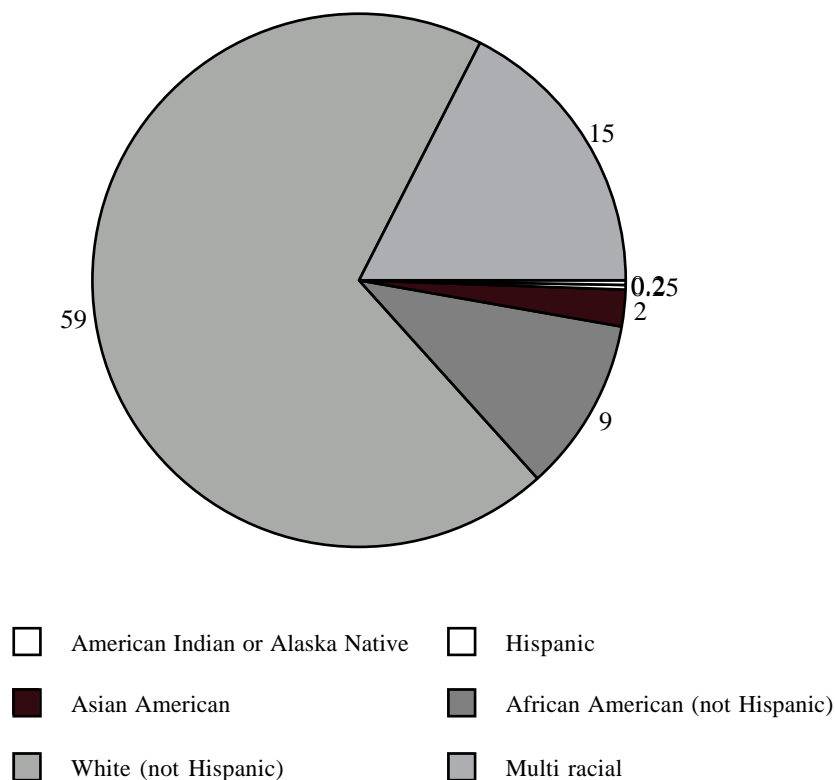
Enrollment Information

Figure 3. Number of Children Served by Shared Visions Parent Support Programs.



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Reports, 2000-2001, 2001-2002, 2002-2003, and 2003-2004.

Figure 4. Shared Visions Parent Support Percent of Enrollment by Racial/Ethnic Group.



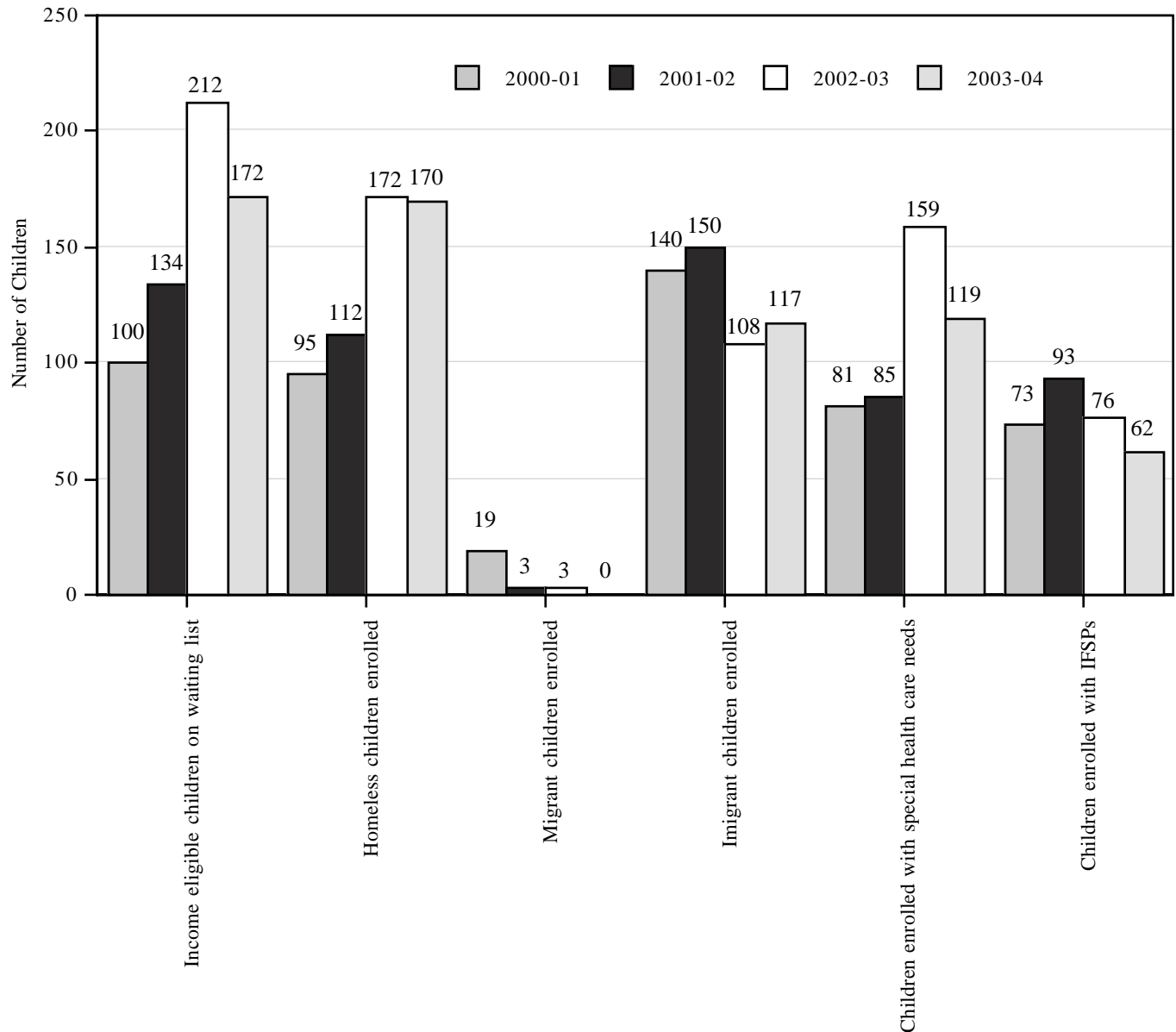
Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2003-2004 Summary.

Figure 4 indicates enrollment by race/ethnic group. The programs serve 8 percent more African Americans, 20 percent more Hispanics and 29 percent fewer white children than Iowa's PK-12 school population (*Iowa Annual Condition of Education Report, 2003*).

Figure 5 describes the characteristics of children served in Shared Visions Parent Support Programs, as well as eligible children on the waiting list. As indicated by the chart, the children served by Shared Vision Parent Support programs have multiple risk factors. Figure 5 shows the number of children and change of these risk factors over time. In addition, Figure 5 demonstrates the increasing need for parent support as evidenced by the number of income eligible children on the waiting list.*

* Due to flat funding and budget cuts, programs have not actively recruited families, therefore the number of children eligible for services is greater than the waiting list represents (see Figure 5).

Figure 5. Enrollment Information of Children Served in Parent Support Program.



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Reports 2000-2001, 2001-2002, 2002-2003, and 2003-2004.

State Staff

Penny Milburn, Shared Visions State Coordinator, provides state level guidance to the Shared Visions Parent Support Programs. (Funding was reduced from 1.0 Full Time Equivalency (FTE) to .5 as of spring of 2003, due to state budget reductions.)

Indicators of Quality

What are the research-based indicators of quality?

Quality parent support programs offer:³

- Services prenatally or at birth;
- Early and continuing assessment to identify families who are most in need of services and to link families with appropriate services;
- Information to assist families in accessing a medical provider to assure optimal health and development;
- Services that acknowledge and are respectful of each family's cultural and ethnic background;
- Services that are voluntary and use positive, persistent outreach efforts to build family trust;
- Opportunities for families to enhance their parenting skills, knowledge, and understanding of educational and developmental needs of their children; and
- Qualified staff.

How do Shared Visions Parent Support Programs address quality indicators?

Shared Visions Parent Support Programs provide:

- Services to children and their families prenatally or as soon as the child is eligible. The Parent Support Program may provide services to multiple children in a family;
- Developmental screening to determine if a child is at risk for a disability and to link families with appropriate resources to address the growth and development of their child;
- Resources to help families provide health insurance, immunizations, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics;
- Home visiting, children's play groups, and parent education meetings to address the needs of each family and honor their cultural and ethnic background;

³ Prevent Child Abuse—America, Healthy Families America. Standards for Practice for Healthy Families America. Head Start Performance Standards, Section 1304.40. <http://www.acf.hhs.gov/programs/hsb/performance/#pdf>

- Trusting and respectful relationships that build upon each family's strengths. Many families are supported in furthering their education and finding employment. Parent Support Programs connect families with resources to support childcare such as subsidies from the Department of Human Services;
- Materials and resources that assist families in enhancing their parenting skills and promote positive interactions between the parent and child;
- All family support staff have at least an associate of arts (AA) degree in early childhood education, social services, or nursing. About 86 percent of the staff have a Bachelor's degree with two individuals holding a Master's or Doctoral degree.

Families participating in the Shared Visions Parent Support Programs experienced:

Results

Output:

- Resources to support child care such as child care subsidy;
- Resources and support in furthering their education;
- Resources to help families provide health insurance, immunizations, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics;
- Developmental screenings.

Outcome:

- Increased levels of self-sufficiency, and significant increases in employment;
- Increased levels of education—family members completed high school and some participated in post secondary training;
- Reduced levels of family violence from 25 percent to 20 percent;
- At least 92 percent of children were immunized⁴.

⁴ Peterson, C.A. & McBride, S.L. Iowa Family Support Programs, 1996-1997, Evaluation Report, September, 1998.

Supportive of Iowa Early Care, Health, and Education Results

Shared Visions Parent Support grantees contribute to the results of Iowa's Early Care, Health, and Education system (see Footnote 4).

- **Healthy Children**—At least 92 percent of the children ages birth to three, participating in the Shared Visions Parent Support programs receive all their immunizations. Approximately 1,281 of the 1,495 (85 percent) children served have health insurance.
- **Safe and Supportive Communities**—Shared Visions Parents Support programs report a decrease in the percentage of children experiencing abuse and neglect.
- **Secure and Nurturing Families**— Shared Visions Parents Support programs report decreases in domestic and family violence.

The impact of the Shared Visions Parent Support programs would be improved by:

Future Needs

- Providing funding to support additional sites and increase the level of contact hours for families. No other communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996.
- Providing funding for a comprehensive evaluation of the programs and outcomes for children.
- Provide a cost of living allowance to support and maintain adequate quality of Parent Support program staff.

Part III

Shared Visions:

Preschool Grants

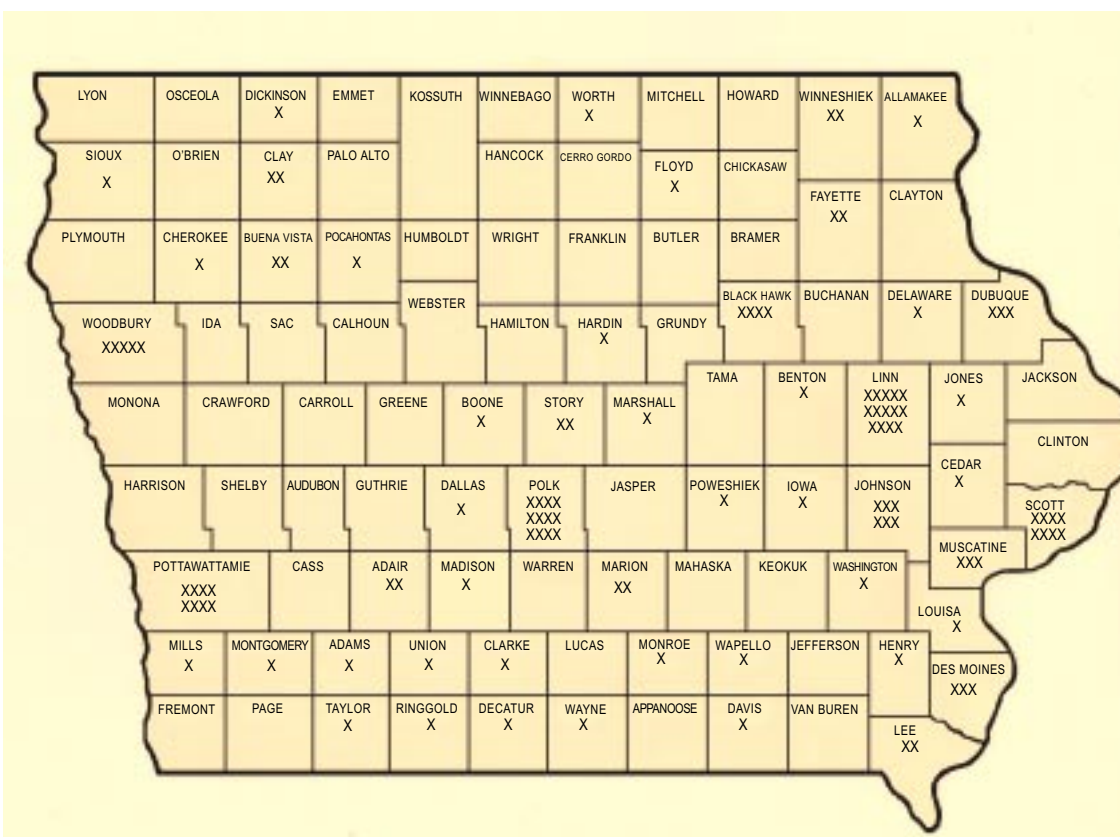


Iowa Shared Visions Preschool Programs for children ages 3 to 5 were established in Iowa Code in 1987 and include:

Overview

- State funded quality child development programs for high-risk children in 51 Iowa counties (for families with incomes below 130 percent of the poverty level). Figure 6 shows the locations of preschool classes.
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, childcare, and school districts.

Figure 6. Shared Visions Preschool Classrooms.



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2003-2004 Summary.

Figures 7 and 8 represent data for two comprehensive services provided by Shared Visions Preschool Grantees. Transportation is provided by 52 percent of the grantees allowing children access to the preschool programs. Thirty-eight percent of the grantees provide child care services to working families. About half of these grantees provide child care by means of “wrap around” funds from Department of Human Services or partnering with Head Start and Community Empowerment Areas.

Figure 7. Percent of Shared Vision Preschool Grantees Providing Transportation — 2003-2004.

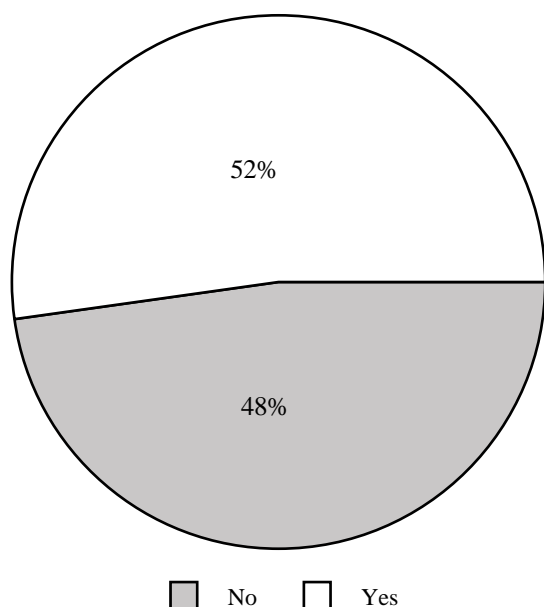
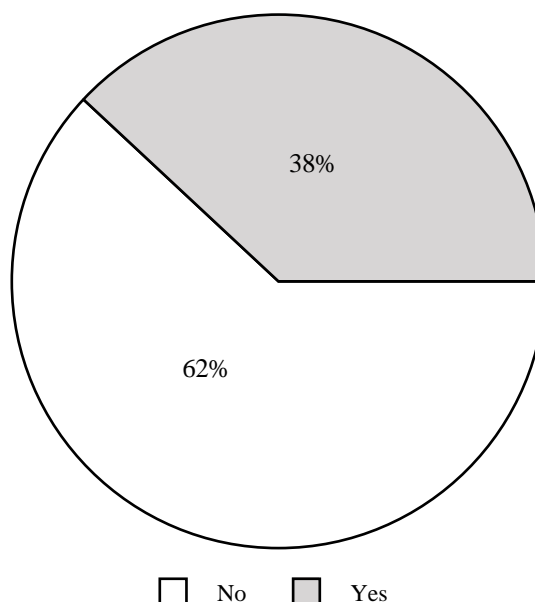


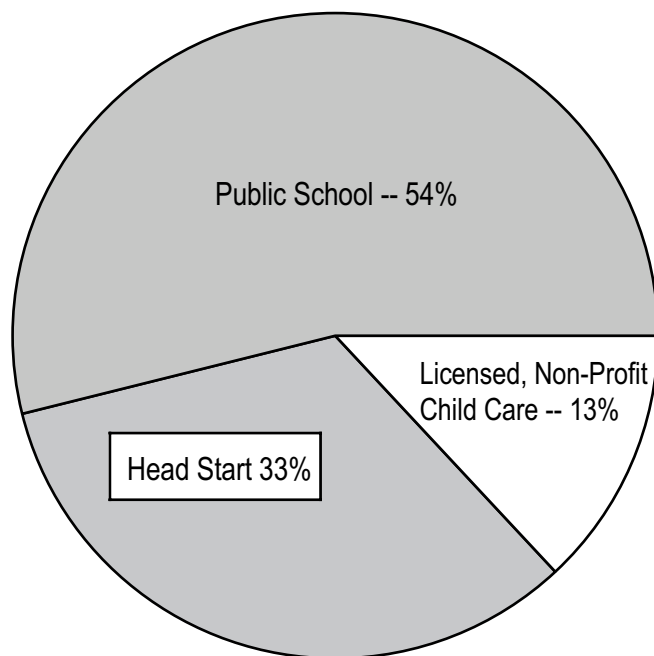
Figure 8. Percent of Shared Visions Preschool Grantees Providing Child Care — 2003-2004.



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2003-2004 Summary.

Most Shared Visions Preschool Grantees (54 percent) were located in public schools then Head Start agencies (33 percent), and licensed non-profit childcare centers (13 percent) (see Figure 9).

Figure 9. Shared Visions Preschool Grantees.



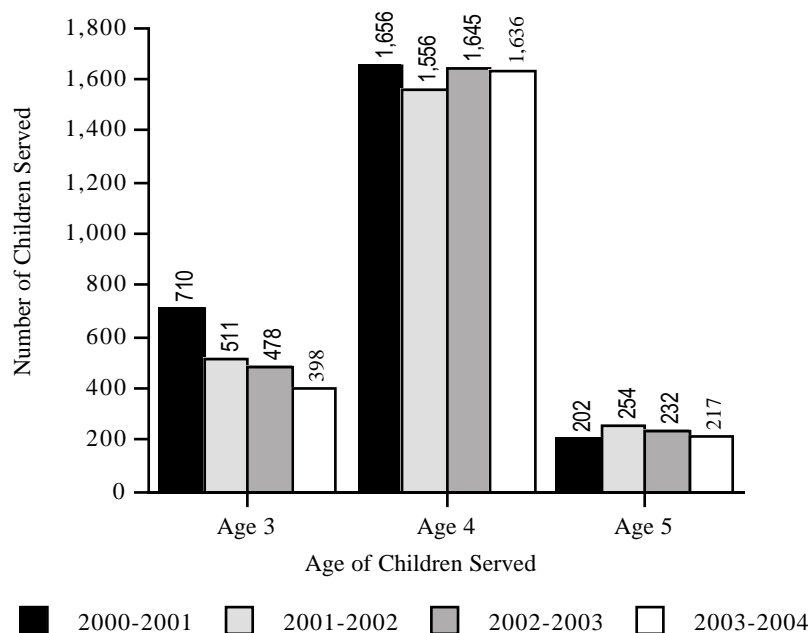
Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2003-2004.

In 2003-2004 state funds purchased:

- 109 Preschool programs in 116 classrooms serving 2,405 children ages 3 to 5 (see Figure 10). The majority of children attending the preschool programs were four years of age. The number of children served is decreasing slightly due to budget constraints; especially preschool programs for 3-year-olds.
- A 2.25 percent across the board budget cut reduced funds to \$6,905,207. In 2002-2003 legislators appropriated \$7,064,132. An analysis of program budgets indicated that 48 percent of the revenue for programs was generated through partnerships and in-kind contributions. The state funding only supports half of the actual expenses needed to keep programs operating at this time.

Funding

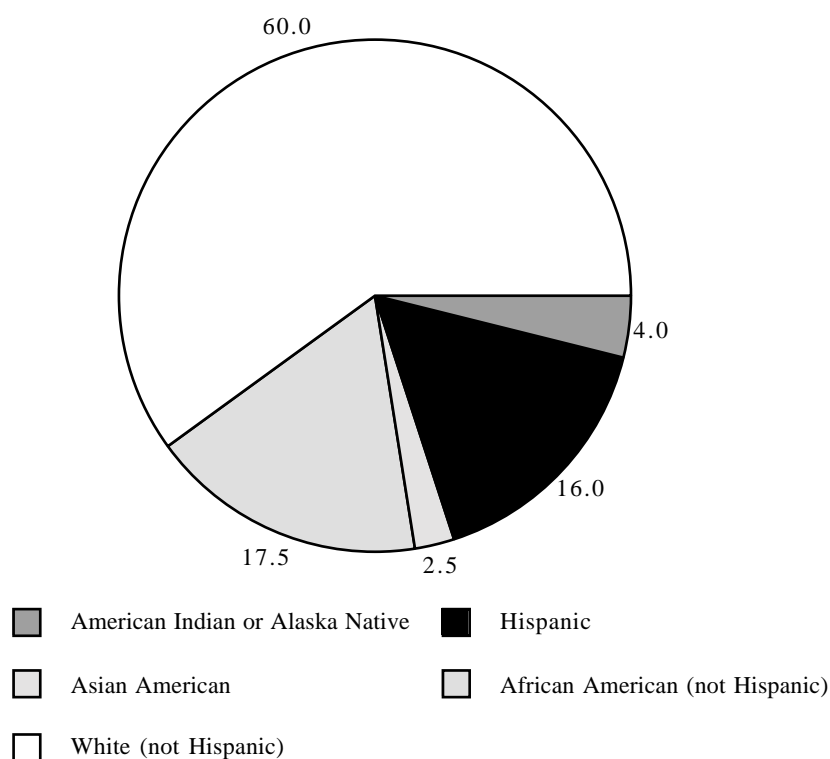
Figure 10. Number of Children Served in Shared Visions Preschool Programs.



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Reports 2000-2001, 2001-2002, 2002-2003, and 2003-2004.

About 85 percent of the children qualifying for preschool programs are at-risk due to poverty with the remaining children qualifying due to other at-risk factors. Figure 11 indicates enrollment by race/ethnic group. The programs serve 3 percent more American Indians, 11 percent more Hispanics and 12 percent more African Americans than Iowa's PK-12 school population (*Iowa Annual Condition of Education Report, 2003*). Currently, 718 eligible children are on the waiting list.

Figure 11. Shared Visions Preschool Enrollment by Racial/Ethnic Group.



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2003-2004 Summary.

Note: Due to rounding, data may not always reflect 100 percent.

Penny Milburn, Shared Visions State Coordinator, provides state level guidance to the Shared Visions Preschool Grantees. (Funding was reduced from 1.0 FTE to .5 as of spring of 2003, due to state budget reductions.)

State Staff

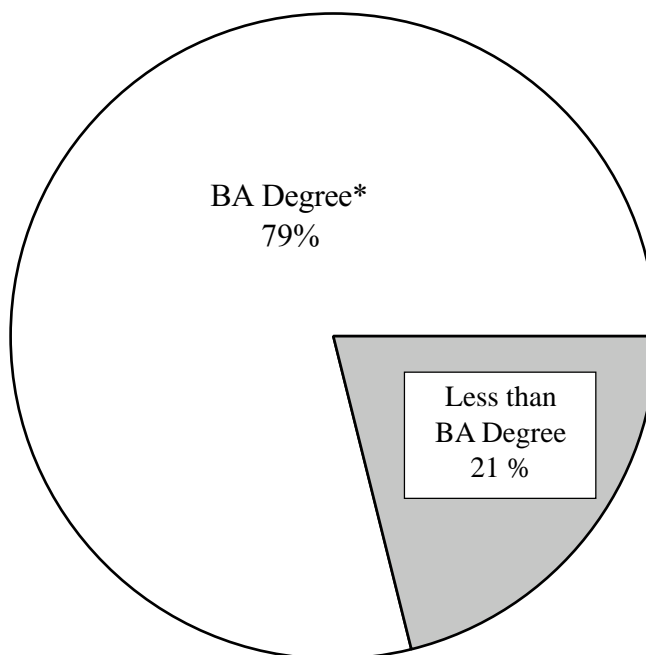
Indicators of Quality

What are the research-based indicators of preschool quality?

Primary indicators of quality child development programs include the education level of the teacher, goal-oriented curriculum, systematic assessment, and national accreditation of the program (Barnett, et. al, 2004).

- Seventy-nine percent of Shared Visions preschool teachers have a four-year degree with the majority of the teachers holding a degree in early childhood education. In 94 of the 116 classrooms at least one degree teacher is present. The remaining teachers report attaining an Associate of Arts (AA) degree in early childhood education or a Child Development Associate (CDA) (see Figure 12).

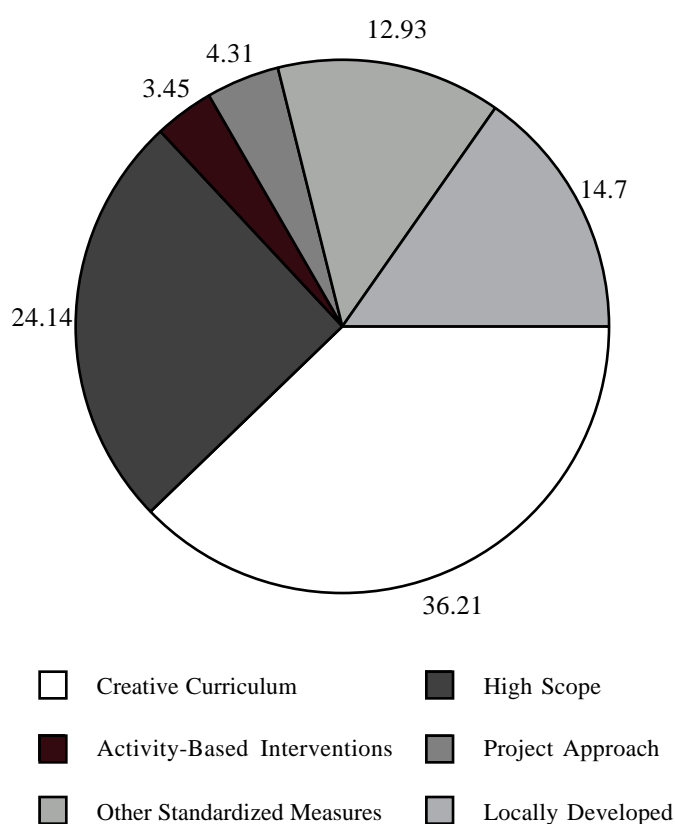
Figure 12. Qualifications of Shared Visions Preschool Teachers.



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2003-2004.

- Well-articulated curriculum guides teachers to provide children with experiences that foster growth across a broad range of developmental and content areas. As seen in Figure 13, 85 percent of the programs reported using a standardized goal oriented curriculum.

Figure 13. Curriculum Used in Shared Visions Preschool Programs.

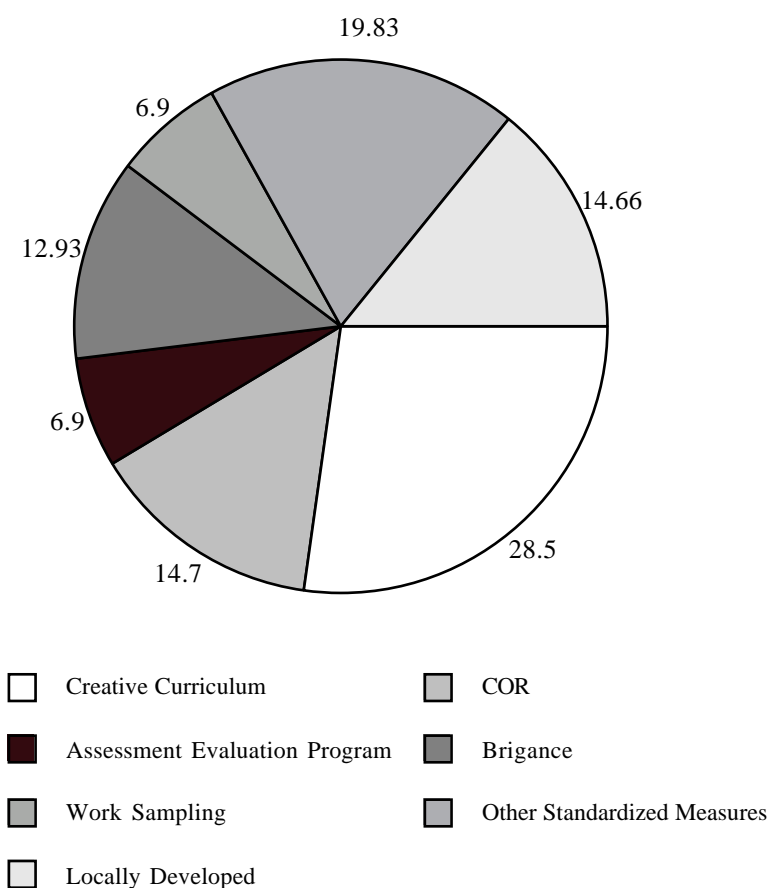


Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2003-2004.

Note: Due to the number of grants/programs (116) and the fact that a program may adopt more than one curriculum, totals may be higher than 100 percent.

- Systematic assessment is essential in assisting teachers in planning appropriately challenging curriculum and tailoring instruction that responds to each child’s strengths and needs. As noted in Figure 14, 86 percent of the programs reported using a standardized assessment tool.

Figure 14. Assessment Used in Shared Visions Preschool Programs.



- Shared Visions preschool programs are accredited by the National Association for the Education of Young Children (NAEYC), an accreditation process that demonstrates a high standard of quality and developmentally appropriate practices.

- Participation in high-quality preschool programs is associated with greater language, literacy, math, and cognitive skills; enhanced social development; and long-term school success.
- Participation in poor-quality preschool programs is associated with difficulties in academic and social development, poor language and math abilities, and poor self-perception.
- Results of longitudinal research (The Cost, Quality, and Outcomes Study Goes to School) show that children who participated in higher quality child care had better language and math skills from preschool into elementary school.
- The results of high quality programs were even stronger for children whose mothers had *less* education.
- Children who participated in higher quality childcare had better cognitive and social skills in 2nd grade.
- These findings hold true even after controlling for background characteristics (mother's level of education, gender, and ethnicity) and the quality of the kindergarten and 2nd grade experience.

Importance of quality

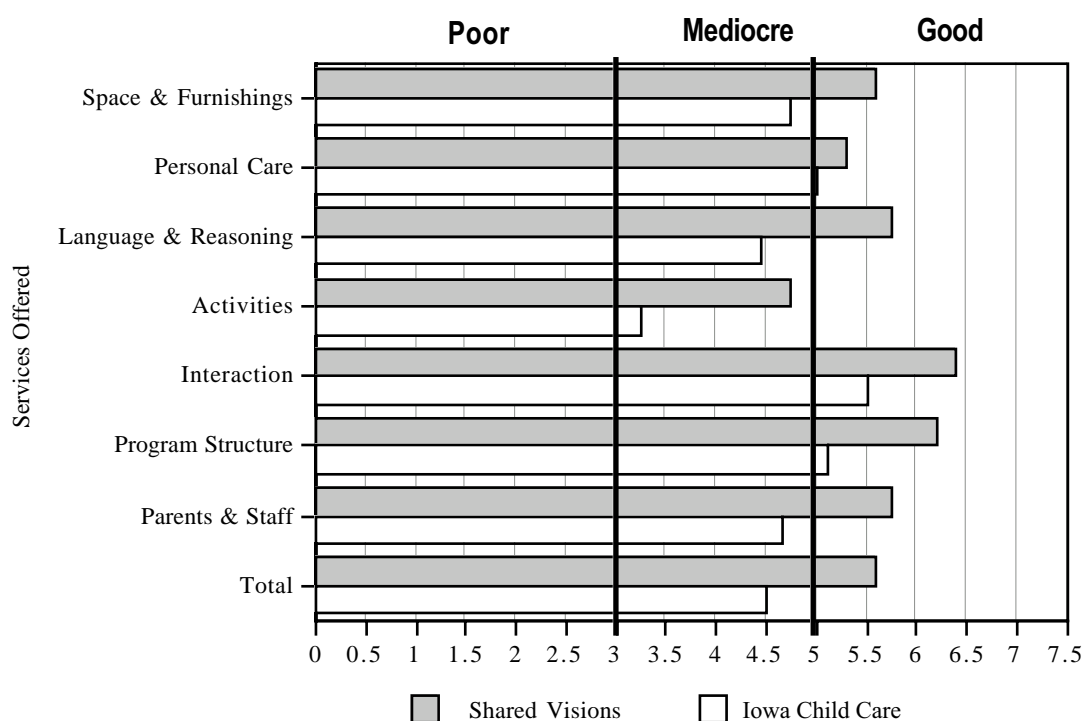
Shared Visions Preschool Programs were evaluated by the Regents' Center for Early Developmental Education, University of Northern Iowa. The Early Childhood Environment Rating Scale-Revised (ECERS-R) is used to evaluate the preschool programs. This scale is nationally recognized as a reliable and valid assessment of quality in center-based early childhood care and education programs that is predictive of positive outcomes for children (Zan, 2003). The ECERS-R assessment examines seven areas related to program quality: space and furnishings, personal care routines, language-reasoning, activities, interaction, program structure, and parents and staff. The results of the ECERS-R for Shared Visions Preschool Programs were compared to preschool child care programs participating in the Midwest Child Care Research Study (see Figure 15) and other state funded prekindergarten programs (see Figure 16). Shared Visions preschool programs rate favorably when compared to programs nationwide:

- Iowa programs' average rating was 5.8 versus the national average of 4.26 (scale of 1-7 with five being *good* and seven being *excellent*).
- Over 91 percent of Iowa programs were considered good quality as compared to less than 20 percent of programs nationwide (National Center on Early Development and Learning, 1999).

How do Iowa's Shared Visions Preschool Programs rate nationally?

- Only eight percent of the Shared Visions preschool programs scored in the minimal range while 59 percent scored in the good to excellent range and 33 percent received excellent scores.

Figure 15. Iowa Shared Visions Preschools* Higher in Quality than Preschool Child Care Centers.



**State-funded preschools (Zan, 2003).*

Data Source: Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Figure 16. Comparison of ECERS-R Scores for Iowa Shared Visions Preschools Compared to Other U.S. Early Care and Education Studies.

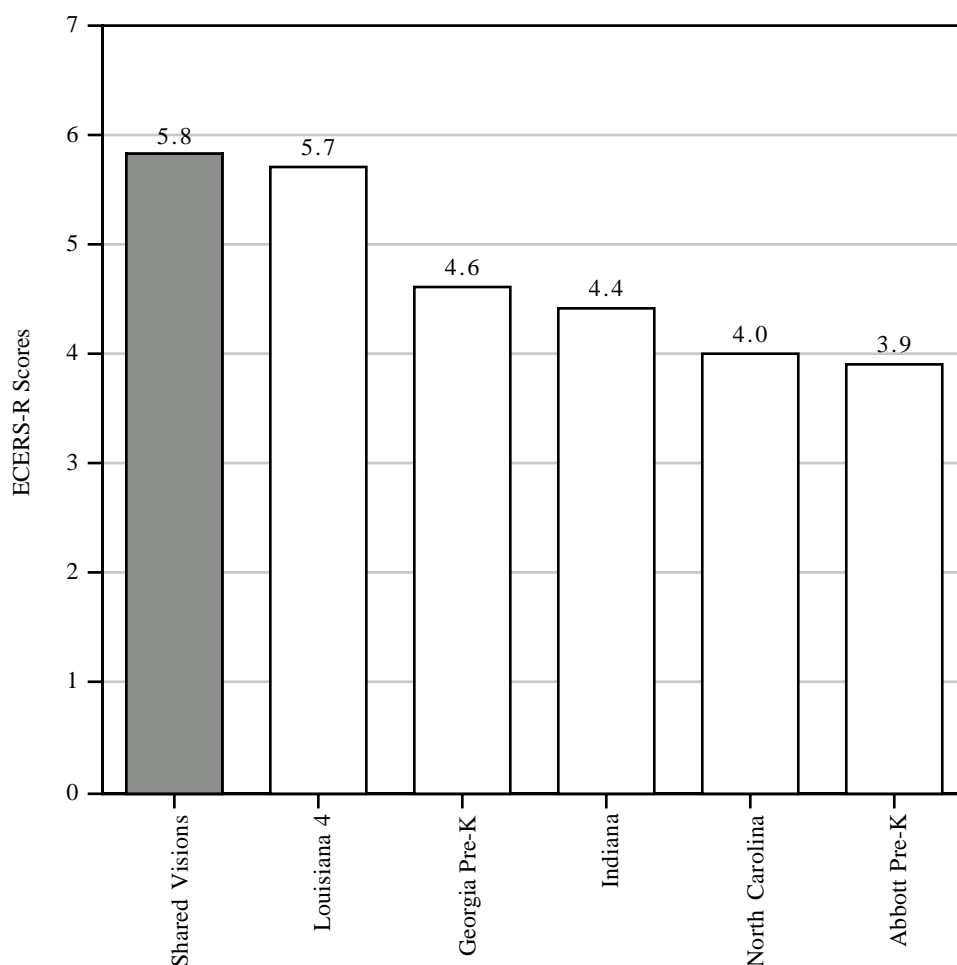


Figure 16. The results of the ECERS-R scores for Iowa's Shared Visions preschool programs were compared to other state funded prekindergarten programs. Shared Visions preschools fared well.

Data Source: Barnett, W.S., et. al., *Fragile Lives, Shattered Dreams: A Report on Implementation of Preschool Education in New Jersey's Abbott Districts*; Zan, B. (2003). *Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council*. Regent's Center for Early Developmental Education, University of Northern Iowa.

Results

Strengths of Iowa's Shared Visions Preschool Programs

Areas of particular strength, as illustrated by the ECER-S subscale scores in Figure 17⁵:

- ***Interactions between teachers and children promote social skills and problem solving***—approximately 78 percent of programs scored in the excellent range.
- ***Program structure balances teacher directed and child selected activities***—approximately 62 percent of programs scored in the excellent range.
- ***Personal care routines that promote health and safety standards***—over 59 percent of programs scored in the excellent range.

Shared Visions graduates' performance in school

Research indicates:

- ***Kindergarten Readiness*** – Shared Visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving (Zan & Edmiaston, 2000).
- ***Academic performance*** – Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2000).
- ***Special Education Referrals*** – Fewer than eight percent of Shared Visions graduates were receiving special education services by the end of kindergarten (Zan & Edmiaston, 2000).
- ***Long-term Effect*** – Second grade teachers rated Shared Visions graduates higher on internal assets, including positive values, social competencies, and positive identity, than children who did not participate in Shared Visions Preschool Programs (Regents' Center for Early Developmental Education, 2000, unpublished data).

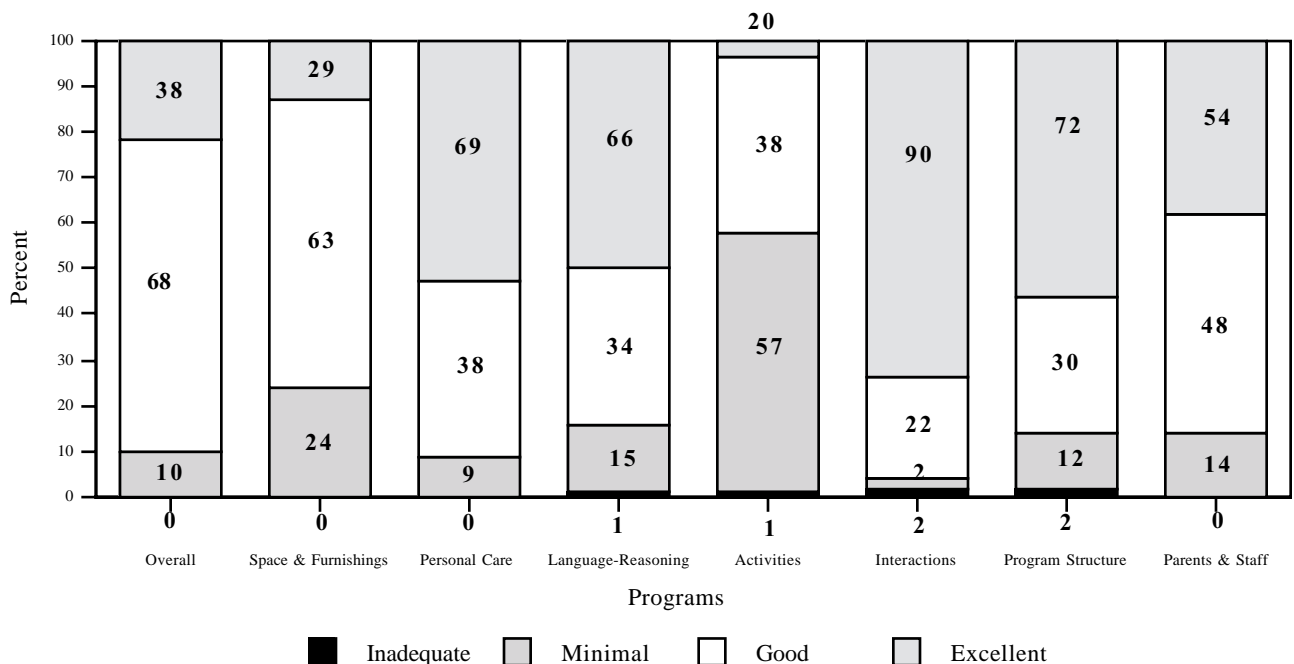
⁵ Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Children who participated in high-quality early learning programs demonstrated greater school readiness and success through second grade than children who had been in low-quality care, even after controlling for family differences (National Center on Early Development and Learning, 1999).

Long-term effect

Figure 17 represents the quality of Shared Visions Preschool Programs in each of the seven areas of program quality measured by the ECERS-R. The level of quality (inadequate to excellent) is represented by four different shades while the number located in each shaded bar represents the number of programs out of the 116 classrooms receiving that level of quality. The overall score indicated that 38 programs received an excellent rating or about 33 percent of the programs, while 68 programs or 59 percent received a good rating. Only ten programs or eight percent received a minimal rating.

Figure 17. Distribution of Shared Visions Preschool Program Across Quality Categories.



Data Source: Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Supporting Early Care, Health, and Education Results

Shared Visions Preschool grantees contribute to the results of Iowa's Early Care, Health, and Education system.

- Children Ready to Succeed in School:
 - Shared visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving.
 - Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2002).
 - Fewer than eight percent of Shared Visions graduates were receiving special education services by the end of kindergarten.
- Healthy Children:
 - About 57 percent of the children have health insurance.
 - Appropriately immunized children attending Shared Visions preschools was 86 percent for three-year-olds, and 72 percent for four-year-olds.
- Secure and Nurturing Child Care Environments:
 - Shared Visions Preschool programs are accredited by the National Association of Young Children, who set the highest national standard of quality early childhood programs strive to achieve.
 - Many programs achieve the Department of Human Services Gold Seal Award, a mark of Iowa quality.

Supporting Governor Vilsack's 90/90 goal

- Shared Visions Preschool Programs are accredited by NAEYC and provide access to high quality preschool experiences for approximately 2,400 children.

Future Needs

The impact of Shared Visions Preschool Programs would be improved by:

- Maintaining quality Shared Visions Programs in Iowa communities. Level funding for the past 6 years and recent state budget cuts to Shared Visions programs have forced staff reductions, limited transportation, and decreased program days and hours; all variables that have a negative impact on the quality of comprehensive child development services for at-risk preschoolers.
- Providing a cost of living allowance. It has become increasingly difficult for grantees to maintain qualified staff without funds to support salary increases. Grantees have continued services without a cost of living allowance since initial funding was procured.
- Providing additional funds to support new sites and accommodate the approximately 800 eligible children currently on the waiting list. No other communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996.
- Increasing state funding to improve space, furnishings, and quality books for programs (areas of concern identified by the ECERS-R results, 2002; and the ECERS-R self-assessment conducted by grantees, 2003).
- Providing funding for staff development to improve appropriate early learning activities for young children (area of concern identified by ECERS-R results, 2002).
- Providing funding for 1.0 FTE state position. Increasing demands for quality services (including achieving and maintaining NAEYC accreditation) will require additional accreditation technical assistance and follow up for achieving NAEYC accreditation standards.
- Providing additional funding to address the increased fees to achieve and maintain NAEYC accreditation.

Part IV

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